

DEMENTIA
NATIONAL AUDIT OF
DEMENTIA



**National Audit of Dementia
Care in General Hospitals 2016-2017**

Local report appendices for:

Harrogate District Hospital

Harrogate and District NHS Foundation Trust

July 2017

Commissioned by:



HQIP

Healthcare Quality
Improvement Partnership

Many thanks to Hwyl for permission to use the cover artwork. Hwyl is an art project run by Dementia Matters in Powys (DMiP) and Arts Alive Wales based at the Brecon War Memorial Hospital. The project focuses on working with elderly patients on hospital wards, with their families, carers, the ward staff and artists on a weekly basis.

With thanks to Rhiannon Davies (DMiP) and Tessa Waite (Arts Alive Wales).

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Introduction to the appendices

This is the appendices for your local report. Your local report is in a separate document. The appendices present data from Round 3 of the National Audit of Dementia, both at a national level and for your hospital. Data for your hospital in Round 2 is also shown where applicable. When comparing Round 2 data with Round 3 data, please be aware that differences in sample sizes and slight wording changes to some questions, can affect results in both rounds. Therefore, conclusions made from comparing the data should be with caution. Hospitals with less than five returns for the carer or staff questionnaires have not received any data and returns of 5 to 9 questionnaires have not received demographic information. The table below shows how the data tables in the appendices are laid out and what information you can find in each cell.

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
Standard reference and type. Standards document can be found on the audit website .	Question number. Orange items in the casenote audit appendix show low inter-rater reliability.	Question wording as in tool.	The national audit refers to all hospitals from England and Wales that participated in the Round 3 audit.	Data for your hospital from Round 3.	If the same question or a similar question was asked in Round 2, we have provided your Round 2 response for comparison. The carer and staff questionnaires are new tools and therefore this column has been excluded in these appendices.
			We have provided the percentage 'yes' response (unless otherwise indicated) and the numerator/denominator. The denominator will change throughout the appendices, depending on whether questions were routed (not asked in some instances), 'N/A' responses were chosen (these have been excluded from the analyses), or where staff and carers did not respond.		

For the organisational checklist, data from 199 hospitals are included in the national audit column (all the registered participants).

195 hospitals participated in the casenote audit, returning 10047 casenotes and this is shown in the national audit column. The national audit column for the casenote audit also shows the median and the inter quartile range for each question (where applicable). Question items which were found to have lower agreement in the inter-rater reliability analysis (see audit [website](#)) have been coloured orange.

196 hospitals returned carer questionnaires. Data from all questionnaires (4664) is presented in the carer questionnaire data tables in Appendix E.

198 hospitals returned staff questionnaires. Data from all questionnaires (14416) is presented in Appendix G. For some questionnaire items, the data for the two most positive answers have been combined, as well as being presented separately. This is provided both at a national level and for your hospital.

Appendix A: Organisational checklist data

Governance and delivery of care

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den	
4.1 [2]	1	A care pathway or bundle for patients with dementia is in place:			
		Yes	60.8% 121/199	No	Yes
		In development	26.1% 52/199		
4.2 [2]	1a	<i>(If Q1=Yes or In development)</i> A senior clinician is responsible for implementation and/ or review of the care pathway: (y/n)	97.1% 168/173	N/A	Yes
4.1 [2]	1b	<i>(If Q1=Yes or In development)</i> The dementia care pathway/ bundle is integrated within or linked to the following care pathways:			
		Delirium			
		Yes	65.9% 114/173	N/A	New question for Round 3
		Pathway in development	26.6% 46/173		
		Stroke			
		Yes	32.9% 57/173	N/A	New question for Round 3
		Pathway in development	21.4% 37/173		
		Fractured neck of femur			
		Yes	43.6% 75/172	N/A	New question for Round 3
		Pathway in development	24.4% 42/172		
4.7 [2]	2	The Executive Board regularly reviews information collected on:			
	2a	Re-admissions, in which patients with dementia can be identified in the total number of patients re-admitted (y/n)	31.7% 63/199	No	No
	2b	Delayed discharge/ transfers, in which patients with dementia can be identified in the total number of patients with delayed discharge/ transfers (y/n)	31.7% 63/199	No	No
4.4 [2]	3	The Executive Board regularly reviews the number of in-hospital falls and the breakdown of the immediate causes, in which patients with dementia can be identified (y/n)	60.3% 120/199	No	Yes

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den	
4.5 [2]	4	The Executive Board regularly receives feedback from the following:			
	4a	Clinical Leads for older people and people with dementia including Modern Matrons/ Nurse Consultant (y/n)	84.9% 169/199	Yes	No
	4b	Complaints – analysed by age (y/n)	52.3% 104/199	No	Yes
	4c	Patient Advice and Liaison Services (PALS) – in relation to the services for older people and people with dementia (y/n/na (hospitals in Wales))	58.6% 106/181	No	No
	4d	Patient/ public forums or local Healthwatch – in relation to services for older people and people with dementia (y/n)	67.3% 134/199	No	Yes
4.11 [2]	5	There are champions for dementia at:			
	5a	Directorate level (y/n)	81.9% 163/199	Yes	Yes
	5b	Ward level (y/n)	93.5% 186/199	Yes	Yes
N4a [3]	6	Dementia specialist nurses are employed in line with Royal College of Nursing guidance (there is at least one full time dementia specialist nurse for every 300 admissions of people with dementia per year): (y/n)	This question is not reported on as feedback showed hospitals found it difficult to interpret.		
N4b [3]	7	Has a strategy or plan for carer engagement been produced (e.g. using Triangle of Care self-assessment tool)? (y/n)	76.9% 153/199	No	New question for Round 3
	8	<i>(If Q7=Yes)</i> Is implementation of the strategy or plan scheduled for review?			
		Yes, more than once a year	41.2% 63/153	N/A	New question for Round 3
		Yes, once a year	34.6% 53/153		
Yes, less than once a year	20.3% 31/153				

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den	
N4c [3]	9	A Dementia Working Group is in place and reviews the quality of services provided in the hospital: (y/n)	93.5% 186/199	Yes	New question for Round 3	
	9a	<i>(If Q9=Yes)</i> The group meets:				
		Annually	0.5% 1/186	Bi-monthly	New question for Round 3	
		Bi-annually	0.5% 1/186			
		Quarterly	30.1% 56/186			
		Six-weekly	4.3% 8/186			
		Monthly	33.3% 62/186			
		Bi-monthly	29% 54/186			
		Weekly	0.5% 1/186			
		Unknown	1.6% 3/186			
	9b	<i>(If Q9=Yes)</i> The group includes:				
		Healthcare professionals	100% 186/186	√	New question for Round 3	
		Organisations e.g. Alzheimer's Society	64% 119/186	√		
Carer/ service user representation		66.1% 123/186	√			
N7a [3]	10	Ward staffing levels (nurses, midwives and care staff) are made available for the public to view on a monthly basis: (y/n)	88.4% 176/199	Yes	New question for Round 3	
	11	An evidence-based tool is used for establishing ward staffing levels: (y/n)	99% 197/199	Yes	New question for Round 3	
3.7 [1]	12	Protected mealtimes are established in all wards that admit adults with known or suspected dementia: (y/n)	98% 195/199	Yes	Yes	
	12a	<i>(If Q12=Yes)</i> Wards' adherence to protected mealtimes is reviewed and monitored: (y/n)	88.7% 173/195	Yes	Yes	
3.8 [1]	13	The hospital has in place a scheme/ programme which allows identified carers of people with dementia to visit at any time including at mealtimes (e.g. Carer's Passport): (y/n)	88.9% 177/199	Yes	New question for Round 3	

Discharge and transfer monitoring

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
N5a [3]	14	Instances where less than 24 hours notice of discharge has been given to carers or family are compiled and reported to the Executive Board:			
		Yes, within the past 6 months	4% 8/199	No	New question for Round 3
		Yes, within the last year	1.5% 3/199		
N3c [3]	15	Instances of night time bed moves (i.e. between the evening meal and breakfast the next morning) are noted and reported at Executive Board level: (y/n)	38.2% 76/199	Yes	New question for Round 3

Use of personal information documents

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
1.14 [1]	16	There is a formal system (pro-forma or template) in place in the hospital for gathering information pertinent to caring for a person with dementia: (y/n)	98.5% 196/199	Yes	Yes
	17a	<i>(If Q16=Yes)</i> Information collected by the pro-forma includes personal details, preferences and routines: (y/n)	100% 196/196	Yes	Yes
	17b	<i>(If Q16=Yes)</i> Information collected by the pro-forma includes reminders or support with personal care: (y/n)	98.5% 193/196	Yes	Yes
	17c	<i>(If Q16=Yes)</i> Information collected by the pro-forma includes recurring factors that may cause or exacerbate distress: (y/n)	100% 196/196	Yes	Yes
	17d	<i>(If Q16=Yes)</i> Information collected by the pro-forma includes support or actions that can calm the person if they are agitated: (y/n)	99% 194/196	Yes	Yes
1.15 [3]	17e	<i>(If Q16=Yes)</i> Information collected by the pro-forma includes life details which aid communication: (y/n)	99.5% 195/196	Yes	Yes
1.14 [1]	18	<i>(If Q16=Yes)</i> Information collected by the pro-forma includes how the person with dementia communicates with others/ understands communication: (y/n)	99.5% 195/196	Yes	New question for Round 3

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
1.14 [1]	19	(If Q16=Yes) The form prompts staff to approach carers or relatives to collate necessary information: (y/n)	93.4% 183/196	No	Yes
20	Documenting use of personal information in practice: Hospitals selected three wards (not mental health wards) which had the highest admissions of people with dementia. 10 patients in these wards were checked to see if the personal information document was present. Included were patients with dementia who needed a personal information document such as "This is Me" (any patients with dementia who did not require a personal information document were excluded).				
	Ward 1:		Byland		New question for Round 3
	Ward 2:		Jervaulx		
	Ward 3:		Farndale		
	Number of patients checked:		-	10	New question for Round 3
	Range		0-40	-	-
	Median		10	-	-
	Number of these patients where the information was present:		-	6	New question for Round 3
	Percentage of patients where the information was present:		-	60%	New question for Round 3
	Range		0-100%	-	-
	Mean		49%	-	-
Median		50%	-	-	

Recognition of dementia

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
9.3 [1]	21	There is a system in place across the hospital that ensures that all staff in the ward or care area are aware of the person's dementia or condition and how it affects them: (y/n)	90.5% 180/199	Yes	Yes

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
9.3 [1]	21a	<i>(If Q21=Yes)</i> Please say what this is:			
		A visual indicator, symbol or marker	91.1% 164/180	√	A visual indicator, symbol or marker
		Alert sheet or electronic flag	23.9% 43/180	-	
		A box to highlight or alert dementia condition in the notes or care plan	33.9% 61/180	-	
		Other	18.9% 34/180	-	
	There is a system in place across the hospital that ensures that staff from other areas are aware of the person's dementia or condition whenever the person accesses other treatment areas: (y/n)	70.4% 140/199	Yes	Yes	
	22a	<i>(If Q22=Yes)</i> Please say what this is:			
		A visual indicator, symbol or marker	87.1% 122/140	√	A visual indicator, symbol or marker
		Alert sheet or electronic flag	18.6% 26/140	-	
		A box to highlight or alert dementia condition in the notes or care plan	20.7% 29/140	√	
Other		17.9% 25/140	-		
The dementia lead or dementia working group collates feedback from carers on the written and verbal information provided to them: (y/n)	81.9% 163/199	Yes	New question for Round 3		
9.13 [2]	23				

Training, learning and development

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
7.2 [2]	24	There is a training and knowledge framework or strategy that identifies necessary skill development in working with and caring for people with dementia: (y/n)	95.5% 190/199	Yes	Yes

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den	
7.4 [2]	25	The following questions are about training that is provided to acute healthcare staff who are involved in the care of people with dementia (or suspected dementia):			
		Dementia awareness training:			
		Doctors			
		Mandatory	46.2% 92/199	√	-
		Provided on induction	63.3% 126/199	-	-
		Provided in the last 12 months	58.8% 117/199	√	√
		Not provided in the last 12 months	8.5% 17/199	-	-
		Nurses			
		Mandatory	51.8% 103/199	√	-
		Provided on induction	74.4% 148/199	-	-
		Provided in the last 12 months	68.3% 136/199	√	√
		Not provided in the last 12 months	1% 2/199	-	-
		Healthcare assistants			
		Mandatory	51.8% 103/199	√	-
		Provided on induction	71.4% 142/199	-	-
		Provided in the last 12 months	68.3% 136/199	√	√
		Not provided in the last 12 months	1% 2/199	-	-
		Other allied healthcare professionals, e.g. physiotherapists, dieticians			
		Mandatory	47.7% 95/199	√	-
		Provided on induction	64.8% 129/199	-	-
		Provided in the last 12 months	67.8% 135/199	√	√
		Not provided in the last 12 months	3.5% 7/199	-	-

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den	
7.4 [2]	25	Support staff in the hospital, e.g. housekeepers, porters, receptionists			
		Mandatory	41.2% 82/199	√	-
		Provided on induction	57.8% 115/199	-	-
		Provided in the last 12 months	63.8% 127/199	√	√
		Not provided in the last 12 months	11.1% 22/199	-	-
7.11 [3]	26	Involvement of people with dementia and carers and use of their experiences is included in the training for ward staff: (y/n)	82.4% 164/199	Yes	Yes
7.5 [3]	27	What format is used to deliver basic dementia awareness training?			
		eLearning module	72.9% 145/199	√	New question for Round 3
		Workshop or study day	91% 181/199	√	
		Higher education module	22.6% 45/199	-	
		Other	29.1% 58/199	-	

7.5 [3]	28	Hospitals were asked to provide figures on the number of staff trained in dementia awareness. Only 34 hospitals could provide this for at least one of the years specified. Therefore, there is no data on training figures.
N7b [3]	29	What is the total number of adult beds excluding maternity and mental health beds in your hospital at 31 March 2016? This information was to compare with question 28 so is therefore not included.

Specific resources supporting people with dementia

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
6.2 [2]	30	The hospital has access to intermediate care services, which will admit people with dementia: (y/n)	93% 185/199	Yes	Yes
6.3 [3]	30a	<i>(If Q30=Yes)</i> Access to intermediate care services allows people with dementia to be admitted to intermediate care directly and avoid unnecessary hospital admission: (y/n)	84.3% 156/185	Yes	Yes
7.1 [2]	31	There is a named dignity lead to provide guidance, advice and consultation to staff: (y/n)	70.4% 140/199	No	Yes
6.4 [2]	32	There is a named person/ identified team who takes overall responsibility for complex needs discharge and this includes people with dementia: (y/n)	95.5% 190/199	Yes	Yes
6.5 [2]	33a	<i>(If Q32=Yes)</i> This person/ team has training in ongoing needs of people with dementia: (y/n)	92.6% 176/190	Yes	Yes
6.6 [3]	33b	<i>(If Q32=Yes)</i> This person/ team has experience of working with people with dementia and their carers: (y/n)	98.4% 187/190	Yes	Yes
6.7 [2]	34	There is a social worker or other designated person or team responsible for working with people with dementia and their carers, and providing advice and support, or directing to appropriate organisations or agencies: (y/n)	75.9% 151/199	Yes	Yes

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den	
N3b [2]	35	The hospital can provide finger foods for people with dementia (please select one option only):			
		Patients can choose a complete meal option (including vegetarian) that can be eaten without cutlery (finger food) on every day	65.3% 130/199	-	New question for Round 3
		Patients can choose a complete meal option (including vegetarian) that can be eaten without cutlery on four to six days per week or more	1% 2/199	-	
		Patients can choose a complete meal option (including vegetarian) that can be eaten without cutlery on two or three days per week or more	0% 0/199	-	
		Patients can choose a complete meal option (including vegetarian) that can be eaten without cutlery on only one day per week	0% 0/199	-	
		Finger food consists of sandwiches/wraps only	33.7% 67/199	√	
		Patients who may be unable to use cutlery will never be admitted to the hospital	0% 0/199	-	
3.11 [2]	36	The hospital can provide 24 hour food services for people with dementia (please select one option only):			
		In addition to the main meals, other food, for example toast, sandwiches, cereals, soup, and lighter hot dish(es) are available 24 hours a day	50.8% 101/199	-	New question for Round 3
		In addition to the main meals, other food, for example toast, sandwiches, cereals, soup are available, but less than 24 hours a day	10.6% 21/199	-	
		Simple food supplies for example bread, cereal, yoghurt and biscuits are available 24 hours a day	32.2% 64/199	√	
		Only snacks (biscuits, cake) are available 24 hours a day	3% 6/199	-	
		Food is not available 24 hours a day	3.5% 7/199	-	
6.10 [2]	37	There is access to advocacy services with experience and training in working with people with dementia: (y/n)	95% 189/199	Yes	

Environment

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den		
6.11 [3]	Opportunities for social interaction for patients with dementia are available (e.g. to eat/ socialise away from their bed area with other patients):					
	38	On all adult wards	15.1% 30/199	-	New question for Round 3	
		On care of the elderly wards	38.7% 77/199	-		
		Other	30.2% 60/199	√		
		No	16.1% 32/199	-		
N8a [3]	The physical environment within the hospital has been reviewed using an appropriate tool (e.g. King's Fund Enhancing the Healing Environment) to establish whether it is "dementia-friendly":					
	39	Throughout the hospital	42.7% 85/199	-	New question for Round 3	
		All adult wards/ areas	13.6% 27/199	-		
		All care of the elderly wards/ areas	18.1% 36/199	-		
		Designated dementia wards only	3% 6/199	-		
		Other	13.1% 26/199	√		
		No	9.5% 19/199	-		
	40	<i>(If Q39=Yes)</i> Environmental changes based on the review are:				
			Completed	15% 27/180	-	New question for Round 3
			Underway	56.7% 102/180	√	
			Planned but not yet underway	10% 18/180	-	
			Planned but funding has not been identified	15.6% 28/180	-	
			Plans are not in place	2.8% 5/180	-	

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den	
N8a [3]	<i>(If Q39=Yes)</i> Service users/ carers/ lay volunteers have been part of the team reviewing the environment:				
	41	Throughout the hospital	36.7% 66/180	-	New question for Round 3
		All adult wards/ areas	9.4% 17/180	-	
		All care of the elderly wards/ areas	13.3% 24/180	-	
		Designated dementia wards only	5% 9/180	-	
		Other	13.3% 24/180	√	
		They have not been part of the team	22.2% 40/180	-	
	<i>(If Q39=Yes)</i> There are plans to further review the changes implemented:				
	42	Yes, we are already undertaking/ have already done this	49.4% 89/180	-	New question for Round 3
		Yes, once the work is completed	40% 72/180	√	
		No plans are in place	10.6% 19/180	-	

Appendix B: Patient demographics

Age range	National audit Round 3: % (N)	Your hospital Round 3: % (N)
34 - 65	2.2% (221)	0% (0)
66 - 80	24.3% (2445)	28% (14)
81 - 100	73% (7332)	72% (36)
101 - 108	0.4% (39)	0% (0)
Unknown	0.1% (10)	0% (0)

Age	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Range	34 - 108	68 - 97
Mean	84	85.2
Median	85	87

Gender	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Male	40.1% (4029)	38% (19)
Female	59.9% (6018)	62% (31)

Ethnicity	National audit Round 3: % (N)	Your hospital Round 3: % (N)
White/ White British	82.1% (8250)	98% (49)
Black/ Black British	1.2% (123)	0% (0)
Asian/ Asian British	1.9% (193)	0% (0)
Chinese	0.1% (10)	0% (0)
Mixed	0.1% (11)	0% (0)
Not documented	2.1% (210)	0% (0)
Other	12.4% (1250)	2% (1)

First language	National audit Round 3: % (N)	Your hospital Round 3: % (N)
English	77.4% (7778)	84% (42)
Welsh	0.6% (61)	0% (0)
Other European language	1% (96)	0% (0)
Asian language	1.4% (144)	0% (0)
Not documented	19% (1909)	16% (8)
Other	0.6% (59)	0% (0)

Primary diagnosis/ cause of admission*	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Respiratory	19.9% (1998)	12% (6)
Fall	13.3% (1332)	20% (10)
Urinary/ renal	9% (901)	6% (3)
Hip dislocation/ hip fracture	7.5% (754)	2% (1)
Sepsis	6.3% (633)	0% (0)
Delirium/ confusion	6% (604)	12% (6)
Gastrointestinal	5.9% (595)	6% (3)
Cardiac/ vascular	5.1% (517)	4% (2)
Stroke	3.8% (380)	10% (5)
Neurological	3.6% (364)	2% (1)
Skin lacerations/ lesions	2% (204)	0% (0)
Impaired consciousness	2% (198)	2% (1)
Dementia**	1.9% (195)	4% (2)
Other	1.9% (192)	8% (4)
Unable to cope/ frailty	1.6% (160)	8% (4)
Dehydration	1.4% (143)	0% (0)
Haematology	1.1% (115)	0% (0)
Endocrine/ metabolic	1.1% (112)	2% (1)
Other fractures	1% (96)	0% (0)
Cancer	0.9% (94)	0% (0)
Surgical/ non-surgical procedure	0.9% (86)	2% (1)
Pain/ swelling	0.8% (85)	0% (0)
Hepatology	0.8% (84)	0% (0)
Oral/ visual/ auditory	0.4% (45)	0% (0)
Rheumatic	0.4% (45)	0% (0)
Psychiatric	0.4% (42)	0% (0)
Adverse reaction to medication/ allergy/ overdose	0.3% (28)	0% (0)
Injury/ trauma	0.2% (24)	0% (0)
Not documented/ unknown	0.2% (21)	0% (0)

*Primary cause of admission was taken as the first reason entered on the casenote audit.

**Out of 195 noted with Dementia as cause of admission, 142 of these had dementia as the only cause of admission.

Speciality of the ward patients spent the longest time in	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Care of the Elderly/ Complex Care	41.1% (4125)	60% (30)
General Medical	23.5% (2359)	16% (8)
Other Medical	9.9% (999)	4% (2)
Orthopaedics	8.9% (892)	6% (3)
Surgical	6.8% (681)	8% (4)
Stroke	4.5% (456)	6% (3)
Cardiac	2.5% (248)	0% (0)
Other	1.4% (136)	0% (0)
Nephrology	0.5% (52)	0% (0)
Obstetrics/ Gynaecology	0.4% (41)	0% (0)
Critical Care	0.2% (23)	0% (0)
Oncology	0.2% (22)	0% (0)
Unknown	0.1% (13)	0% (0)

Patients who:	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Died in hospital	12.8% (1285)	18% (9)
Self-discharged from hospital	0.1% (12)	0% (0)
Were marked 'fast track discharge'/ 'discharge to assess'/ 'transfer to assess'/ expedited with family agreement for recorded reasons	5.5% (482)	7.3% (3)
Received end of life care in hospital/ was on an end of life care plan	13% (1302)	22% (11)

Length of stay in the hospital	National audit Round 3: % (N)	Your hospital Round 3: % (N)
2 - 10 days	45.3% (4553)	30% (15)
11 – 20 days	25.5% (2559)	28% (14)
21 – 30 days	11.3% (1132)	20% (10)
31 – 40 days	6.7% (671)	8% (4)
41 – 50 days	4.2% (418)	8% (4)
51 – 60 days	2.3% (230)	4% (2)
61 – 70 days	1.7% (168)	0% (0)
71 – 80 days	1% (102)	2% (1)
81 – 90 days	0.6% (62)	0% (0)
More than 90 days	1.5% (152)	0% (0)

Length of stay in the hospital	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Range	2-775	3-77
Median (days)	12	17

Place of residence before/ after admission	National audit Round 3: % (N)		Your hospital Round 3: % (N)	
	Before	After*	Before	After*
Own home	57.7% (5793)	40.2% (3519)	60% (30)	36.6% (15)
Respite care	0.8% (80)	1.6% (136)	2% (1)	12.2% (5)
Rehabilitation	0.4% (37)	2.4% (207)	0% (0)	0% (0)
Psychiatric ward	0.5% (48)	0.7% (62)	0% (0)	0% (0)
Carer's home	2.1% (212)	2.1% (181)	0% (0)	0% (0)
Intermediate care	0.3% (27)	2% (172)	0% (0)	0% (0)
Residential care	16.9% (1701)	17.7% (1551)	16% (8)	24.4% (10)
Nursing home	19.7% (1981)	28.7% (2511)	20 (10)	26.8% (11)
Palliative care	0% (5)	0.6% (54)	0 (0)	0% (0)
Transfer from another hospital	1.4% (145)	3.9% (343)	2% (1)	0% (0)
Long stay care	0.2% (18)	0.3% (26)	0% (0)	0% (0)

Change in residence*	National audit Round 3: % (N)	Your hospital Round 3: % (N)
No change	73.4% (6428)	63.4% (26)
Own/ carer's home to nursing/ residential care	11.1% (972)	22% (9)

*These figures exclude patients who died while in hospital.

Appendix C: Casenote audit data

Assessment

Multidisciplinary assessment

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den (Median, IQR)	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den	
1.9 [1]	14	An assessment of mobility was performed by a healthcare professional: (y/n/could not be assessed for recorded reasons)	93.8% 8558/9126 (96%, 91-98%)	100% 46/46	100% 35/35	
	15	An assessment of nutritional status was performed by a healthcare professional: (y/n/could not be assessed for recorded reasons)	89.8% 8832/9837 (93%, 86-96%)	92% 46/50	97.5% 39/40	
	15a	(If Q15=Yes) The assessment of nutritional status includes recording of BMI (Body Mass Index) or weight:				
			Yes, there is a recording of the patient's BMI or weight	85.9% 7580/8822 (89%, 79-96%)	50% 23/46	50% 18/36
		Other action taken	4% 352/8822 (2%, 0-5%)	15.2% 7/46	New answer options for Round 3	
	Yes or other action taken	89.9% 7932/2288 (93%, 85-98%)	65.2% 30/46			
1.10 [1]	16	Has a formal pressure ulcer risk assessment been carried out and score recorded? (y/n)	95.5% 9590/10044 (98%, 94-100%)	96% 48/50	97.5% 39/40	
1.12 [1]	17	As part of the multidisciplinary assessment has the patient been asked about any continence needs? (y/n/could not be assessed for recorded reasons)	88% 8572/9744 (92%, 85-97%)	90.9% 40/44	97.3% 36/37	
1.11 [1]	18	As part of the multidisciplinary assessment has the patient been assessed for the presence of any pain? (y/n/could not be assessed for recorded reasons)	83.2% 8185/9840 (90%, 77-98%)	78.7% 37/47	97.3% 36/37	

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den (Median, IQR)	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
1.13 [1]	19	Has an assessment of functioning been carried out?			
		Yes, a standardised assessment has taken place	45.3% 4212/9294 (45%, 23-66%)	45.7% 21/46	0% 0/33
		Yes, an occupational therapy and/or a physiotherapy assessment has taken place	42.8% 3977/9294 (44%, 26-58%)	45.7% 21/46	New answer options for Round 3
		Yes, other	1.7% 161/9294 (0%, 0-2%)	0% 0/46	
		Yes (all options)	89.8% 8350/9294 (92%, 85-96%)	91.3% 42/46	

Mental state assessment

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den (Median, IQR)	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
1.3 [2]	20	Has a standardised mental status test been carried out? (y/n/could not be assessed for recorded reasons)	54% 4684/8682 (55%, 38-72%)	61% 25/41	61.8% 21/34
1.4 [2]	21	Has an assessment been carried out for recent changes or fluctuation in behaviour that may indicate the presence of delirium?			
		Yes, and there were indications that delirium may be present	25.9% 2603/10047 (24%, 14-36%)	26% 13/50	22.5% 9/40
		Yes, but there was no indication that delirium may be present	18.5% 1863/10047 (15%, 6-25%)	22% 11/50	12.5% 5/40
		Yes (both options)	44.5% 4466/10047 (42%, 27-60%)	48% 24/50	35% 14/40
1.5 [2]	21a	(If Q21=Yes) Has the patient been clinically assessed for delirium by a healthcare professional? (y/n)	85.3% 2220/2603 (90%, 78-100%)	84.6% 11/13	100% 9/9

Information about the person with dementia

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den (Median, IQR)	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den	
1.14 [1]	22	Does the care assessment contain a section dedicated to collecting information from the carer, next of kin or a person who knows the patient well? (y/n)	57.2% 5727/10010 (58%, 31-85%)	26% 13/50	67.5% 27/40
	22a	<i>(If Q22=Yes)</i> Has information been collected about the patient regarding personal details, preferences and routines?			
		Yes	47.4% 2669/5626 (53%, 30-77%)	84.6% 11/13	74.1% 20/27
		Unknown*	33.1% 1865/5626 (14%, 0-44%)	7.7% 1/13	New answer option for Round 3
	22b	<i>(If Q22=Yes)</i> Has information been collected about the patient's food and drink preferences?			
		Yes	44.1% 2476/5616 (50%, 29-71%)	84.6% 11/13	New question for Round 3
		Unknown*	34.1% 1916/5616 (16%, 3-48%)	7.7% 1/13	
	22c	<i>(If Q22=Yes)</i> Has information been collected about the patient regarding reminders or support with personal care?			
		Yes	55.3% 3116/5631 (64%, 42-80%)	84.6% 11/13	70.4% 19/27
		Unknown*	29.9% 1685/5631 (13%, 0-37%)	7.7% 1/13	New answer option for Round 3
	22d	<i>(If Q22=Yes)</i> Has information been collected about the patient regarding recurring factors that may cause or exacerbate distress?			
		Yes	32.6% 1818/5583 (35%, 18-56%)	61.5% 8/13	37% 10/27
		Unknown*	37.8% 2110/5583 (20%, 5-50%)	7.7% 1/13	New answer option for Round 3

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den (Median, IQR)	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
1.14 [1]	22e	(If Q22=Yes) Has information been collected about the patient regarding support or actions that can calm the person if they are agitated?			
		Yes	28.2% 1564/5539 (26%, 13-50%)	25% 3/12	18.5% 5/27
		Unknown*	39.1% 2167/5539 (20%, 7-52%)	8.3% 1/12	New answer option for Round 3
1.15 [3]	22f	(If Q22=Yes) Has information been collected about the patient regarding life details which aid communication?			
		Yes	43.1% 2413/5598 (50%, 25-70%)	69.2% 9/13	44.4% 12/27
		Unknown*	35.3% 1977/5598 (17%, 3-46%)	7.7% 1/13	New answer option for Round 3

*Unknown response options refer to situations in which the information is usually recorded in a document which accompanies the patient (e.g. "This is Me" or patient passport) and no copy is available in the notes.

Discharge

Assessment before discharge

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den (Median, IQR)	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den	
5.3 [2]	23	At the point of discharge the patient's level of cognitive impairment, using a standardised assessment, was summarised and recorded: (y/n)	22.4% 1639/7329 (17%, 9-30%)	16.2% 6/37	14.8% 4/27
	23a	<i>(If 23=No)</i> Please comment:			
		Patient too unwell/ not responsive	3.3% 189/5690	0% 0/31	New question for Round 3
		Patient has advanced dementia (i.e. patient's advanced dementia makes the assessment not appropriate)	1.9% 110/5690	6.5% 2/31	
		Not routine/ not standard practice	5.8% 331/5690	3.2% 1/31	
		Not documented/ unknown reason	78.1% 4444/5690	38.7% 12/31	
	Dementia diagnosis (i.e. dementia diagnosis mentioned as a reason for not completing assessment)	10.8% 616/5690	51.6% 16/31		
	24	At the point of discharge the cause of cognitive impairment was summarised and recorded: (y/n)	69.1% 5067/7329 (72%, 57-84%)	56.8% 21/37	59.3% 16/27
	25	Have there been any symptoms of delirium? (y/n)	32.3% 2367/7329 (33%, 22-41%)	35.1% 13/37	22.2% 6/27
	25a	<i>(If Q25=Yes)</i> Have the symptoms of delirium been summarised for discharge? (y/n)	47.9% 1133/2367 (45%, 33-64%)	38.5% 5/13	50% 3/6
26	Have there been any persistent behavioural and psychiatric symptoms of dementia (wandering, aggression, shouting) during this admission? (y/n)	19.4% 1425/7329 (19%, 13-26%)	16.2% 6/37	25.9% 7/27	
26a	<i>(If Q26=Yes)</i> Have the symptoms of behavioural and psychiatric symptoms of dementia been summarised for discharge? (y/n)	44.5% 635/1426 (40%, 23-60%)	33.3% 2/6	14.3% 1/7	

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den (Median, IQR)	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
5.3 [2]	27	Is there a recorded referral to a social worker for assessment of housing and care needs due to a proposed change in residence?	65.5% 1649/2519 (71%, 53-89%)	88.9% 16/18	New question for Round 3
	27a (i)	<i>(If Q27=Yes):</i> There are documented concerns about the patient's capacity to consent to the referral:	70.4% 1161/1649 (75%, 50-89%)	93.8% 15/16	New question for Round 3
	27a (ii)	The patient had capacity on assessment and their consent is documented	11.9% 138/1161 (0%, 0-20%)	33.3% 5/15	
		The patient lacked requisite capacity and evidence of a best interests decision has been recorded	69.9% 811/1161 (75%, 50-90%)	66.7% 10/15	
		There is no record of either consent or best interest decision making*	18.3% 212/1161 (14%, 0-33%)	0% 0/15	
	27a (i)	There are no documented concerns about the patient's capacity to consent to the referral:	29.6% 488/1649 (25%, 11-50%)	6.3% 1/16	
	27a (iii)	The patients consent was requested and this is recorded	29.1% 142/488 (25%, 0-50%)	100% 1/1	
		There is no record of the patients consent*	70.9% 346/488 (75%, 50-100%)	0% 0/1	
	27a (ii & iii)	Consent or best interests (responses options combined)	66.2% 1091/1649 (67%, 50-86%)	100% 16/16	
		No consent or best interests (response options combined)	33.8% 558/1649 (33%, 14-50%)	0% 0/16	

*Please note that these figures include 1.9% of casenotes where it was specified that the capacity assessment information is kept with social worker notes, which are unavailable to the auditor.

Discharge coordination and multi-disciplinary team input

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den (Median, IQR)	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
6.4 [2]	28	Did a named person/ identified team co-ordinate the discharge plan? (y/n/na)	82% 5807/7083 (89%, 72-96%)	86.5% 32/37	70.4% 19/27
5.4 [1]	29a	Is there evidence in the notes that the discharge coordinator/ person or team planning discharge has discussed place of discharge and support needs with the person with dementia? (y/n/na)	53.9% 3327/6169 (55%, 38-72%)	60.9% 14/23	46.2% 12/26
	29b	Is there evidence in the notes that the discharge coordinator/ person or team planning discharge has discussed place of discharge and support needs with the person's carer/ relative? (y/n/na)	80.7% 5597/6935 (82%, 71-91%)	83.3% 30/36	84.6% 22/26
	29c	Is there evidence in the notes that the discharge coordinator/ person or team planning discharge has discussed place of discharge and support needs with the consultant responsible for the patient's care? (y/n)	75.1% 5501/7329 (81%, 63-91%)	67.6% 25/37	48.1% 13/27
	29d	Is there evidence in the notes that the discharge coordinator/ person or team planning discharge has discussed place of discharge and support needs with other members of the multidisciplinary team? (y/n)	81.5% 5971/7329 (85%, 76-93%)	86.5% 32/37	88.9% 24/27
5.6 [1]	30	Has a single plan/ summary for discharge with clear updated information been produced? (y/n)	85.1% 6234/7329 (92%, 77-97%)	97.3% 36/37	70.4% 19/27
5.7 [2]	31	Are any support needs that have been identified documented in the discharge plan/ summary? (y/n/na)	60.2% 4211/6995 (61%, 44-79%)	83.8% 31/37	82.6% 19/23
5.8 [1]	32	Has the patient and/ or carer received a copy of the plan/ summary? (y/n/na)	80.6% 5621/6975 (94%, 72-100%)	86.5% 32/37	63% 17/27
N5b [2]	33	Was a copy of the discharge plan/ summary sent to the GP/ primary care team on the day of discharge? (y/n/na)	93.6% 6701/7156 (98%, 93-100%)	97.3% 36/37	New question for Round 3

Discharge planning

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den (Median, IQR)	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den	
5.1 [2]	34	Was discharge planning initiated within 24 hours of admission? (y/n/na)	47.4% 2483/5242 (48%, 27-67%)	84.4% 27/32	66.7% 18/27
	34a	<i>(If Q34=N/A)</i> Please select the recorded reason why discharge planning could not be initiated within 24 hours:			
		Patient acutely unwell	62.5% 1306/2088	60% 3/5	-% -/-
		Patient awaiting assessment	9.1% 190/2088	20% 1/5	-% -/-
		Patient awaiting history/ results	6.1% 127/2088	0% 0/5	-% -/-
		Patient awaiting surgery	9.6% 200/2088	0% 0/5	-% -/-
		Patient presenting confusion	5.7% 120/2088	0% 0/5	-% -/-
		Patient on end of life plan	0% 1/2088	0% 0/5	-
		Patient being transferred to another hospital	0.1% 2/2088	0% 0/5	-% -/-
		Patient unresponsive	0.3% 6/2088	0% 0/5	-% -/-
		Patient being discharged to nursing/ residential care	6.5% 136/2088	20% 1/5	-% -/-
		Not recorded	-	-	-% -/-
		Other	0% 0/2088	0% 0/5	-% -/-

Support for carers and family

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den (Median, IQR)	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den	
5.10 [2]	35	Carers or family have received notice of discharge and this is documented:			
		Less than 24 hours	19.5% 1432/7329	24.3% 9/37	25.9% 7/27
		24 hours	12.2% 897/7329	13.5% 5/37	14.8% 4/27
		25 - 48 hours	14.7% 1075/7329	0% 0/37	7.4% 2/27
		More than 48 hours	27.1% 1985/7329	24.3% 9/37	29.6% 8/27
		No notice at all	0.5% 35/7329	0% 0/37	0% 0/27
		Not documented	24.2% 1770/7329	37.8% 14/37	22.2% 6/27
		No carer, family, friend/ could not contact	1.8% 132/7329	0% 0/37	0% 0/27
		Patient specified information withheld	0% 3/7329	0% 0/37	New answer option for Round 3
5.5 [2]	36	An assessment of the carer's current needs has taken place in advance of discharge: (y/n/na)	67.3% 2605/3868 (70%, 50-88%)	94.4% 17/18	73.3% 11/15

Appendix D: Carer demographics

Age range	National audit Round 3: % (N)	Your hospital Round 3: % (N)
18 – 24 years	1% (48)	0% (0)
25 – 34 years	2.9% (133)	0% (0)
35 – 44 years	5.6% (259)	7.7% (1)
45 – 54 years	16.2% (749)	30.8% (4)
55 – 64 years	25.8% (1193)	23.1% (3)
65 – 74 years	20.8% (960)	15.4% (2)
75 – 84 years	19.1% (885)	23.1% (3)
85 years or over	7.4% (343)	0% (0)
Prefer not to say	1.2% (56)	0% (0)

Gender	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Male	30.6% (1413)	15.4% (2)
Female	68.1% (3150)	84.6% (11)
Other	0.1% (4)	0% (0)
Prefer not to say	1.2% (57)	0% (0)

Ethnicity	National audit Round 3: % (N)	Your hospital Round 3: % (N)
White/ White British	88.4% (4079)	92.3% (12)
Black/ Black British	3% (140)	0% (0)
Asian/ Asian British	3.3% (152)	0% (0)
Mixed	1% (44)	0% (0)
Chinese	0.2% (9)	0% (0)
Other	1.4% (64)	7.7% (1)
Prefer not to say	2.7% (124)	0% (0)

Relationship to patient	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Spouse or partner	33.5% (1558)	35.7% (5)
Family member	55.9% (2597)	42.9% (6)
Friend	4.4% (203)	0% (0)
Professional carer (health or social care)	5.4% (249)	14.3% (2)
Other	0.9% (41)	7.1% (1)

One of main carers for patient	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Yes	77.8% (3356)	91.7% (11)

Appendix E: Carer questionnaire data

Patient care

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den
9.3 [1]	1	Do you feel that hospital staff were well informed and understood the needs of the person you look after?	
		46.5% 2130/4578	57.1% 8/14
		43.3% 1980/4578	42.9% 6/14
		10.2% 468/4578	0% 0/14
7.4 [2]	2	Do you feel confident that hospital staff delivered high quality care that was appropriate to the needs of the person you look after?	
		54.2% 2489/4592	71.4% 10/14
		36.4% 1672/4592	28.6% 4/14
		9.4% 431/4592	0% 0/14
1.14 [1]	3	Was the person you look after given enough help with personal care from hospital staff? <i>For example, eating, drinking, washing and using the toilet.</i>	
		55.4% 2456/4433	100% 14/14
		34.2% 1515/4433	0% 0/14
		10.4% 462/4433	0% 0/14
7.4 [2]	4	Was the person you look after treated with respect by hospital staff?	
		76% 3471/4569	100% 14/14
		20.8% 952/4569	0% 0/14
		3.2% 146/4569	0% 0/14

Communication

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den
9.7 [2]	5	Were you (or the patient, where appropriate) kept clearly informed about their care and progress during the hospital stay? <i>For example, about plans for treatment and discharge.</i>		
		Yes, definitely	41.8% 1908/4566	78.6% 11/14
		Yes, to some extent	40.4% 1843/4566	21.4% 3/14
		No	17.8% 815/4566	0% 0/14
9.11 [2]	6	Were you (or the patient, where appropriate) involved as much as you wanted to be in decisions about their care?		
		Yes, definitely	47.5% 2138/4497	85.7% 12/14
		Yes, to some extent	36.4% 1637/4497	14.3% 2/14
		No	16.1% 722/4497	0% 0/14
1.14 [1]	7	Did hospital staff ask you about the needs of the person you look after to help plan their care?		
		Yes, definitely	45.4% 2053/4524	78.6% 11/14
		Yes, to some extent	34.5% 1563/4524	14.3% 2/14
		No	20.1% 908/4524	7.1% 1/14

Overall

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den
	8	Overall, how would you rate the care received by the person you look after during the hospital stay?	
		34.5% 1602/4645	50% 7/14
		33.9% 1575/4645	35.7% 5/14
		17% 790/4645	14.3% 2/14
		9.6% 446/4645	0% 0/14
		5% 232/4645	0% 0/14
	9	How likely would you be to recommend the service to friends and family if they needed similar care or treatment?	
		42.5% 1933/4544	64.3% 9/14
		34.1% 1551/4544	28.6% 4/14
		14.3% 648/4544	7.1% 1/14
		4.8% 220/4544	0% 0/14
		4.2% 192/4544	0% 0/14

Support for the carer

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den
	10	Overall, how satisfied are you with the support you have received from this hospital to help you in your role as a carer?	
		50.3% 2204/4379	85.7% 12/14
		34% 1487/4379	14.3% 2/14
		9.9% 434/4379	0% 0/14
		5.8% 254/4379	0% 0/14

Appendix F: Staff demographics

% of patients encounter in role who have dementia/ possible dementia	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Up to 25%	31.9% (4559)	50% (89)
26 - 50%	25.6% (3651)	26.4% (47)
51 - 75%	24.4% (3489)	15.7% (28)
More than 75%	18.1% (2588)	7.9% (14)

Gender	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Male	15.7% (2260)	15.7% (28)
Female	83.2% (11954)	83.1% (148)
Other	0.2% (34)	0% (0)
Prefer not to say	0.8% (113)	1.1% (2)

Ethnicity	National audit Round 3: % (N)	Your hospital Round 3: % (N)
White/ White British	79.9% (11467)	80.9% (144)
Black/ Black British	4.1% (594)	3.9% (7)
Asian/ Asian British	8% (1150)	6.2% (11)
Mixed	1.3% (183)	1.7% (3)
Chinese	0.5% (73)	0% (0)
Other	4.5% (646)	5.1% (9)
Prefer not to say	1.7% (241)	2.2% (4)

Job role	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Registered nurse (Band 5 or 6)	29.9% (4300)	30.7% (55)
Registered nurse (Band 7 or above)	12.7% (1831)	6.1% (11)
Healthcare assistant	23.1% (3324)	16.8% (30)
Doctor	11.5% (1645)	12.8% (23)
Allied healthcare professional	11.9% (1713)	24.6% (44)
Therapy assistant/ allied healthcare professional assistant	2.6% (367)	1.1% (2)
Student	2.3% (332)	0% (0)
Ward based administrators	4% (571)	6.7% (12)
Other/ unknown	1.9% (279)	1.1% (2)

Hours worked per week	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Up to 29 hours	13% (1866)	25.1% (45)
30 hours or more	87% (12458)	74.9% (134)

Time worked in the hospital	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Less than 6 months	8% (1148)	4.5% (8)
6 - 11 months	9.5% (1364)	11.2% (20)
1 - 2 years	15.6% (2242)	9.5% (17)
3 - 5 years	16.4% (2350)	17.3% (31)
6 - 10 years	15.9% (2283)	24% (43)
11 - 15 years	12.1% (1739)	14% (25)
More than 15 years	22.4% (3205)	19.6% (35)

Appendix G: Staff questionnaire data

Specialist services for dementia

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	National audit Round 3: % (Yes, always and Yes, most of the time responses combined)	Your hospital Round 3: % Num/Den	Your hospital Round 3: % (Yes, always and Yes, most of the time responses combined)		
4.11 [2]	1	Do you feel supported by specialist services for dementia in your hospital? <i>E.g. dementia specialist team, mental health liaison, dementia champions.</i>					
	1a	During office hours <i>i.e. Monday-Fri, 9am-5pm</i>					
		Yes, always	28.7% 4026/14024	61.6% 8640/14024	21.7% 38/175	58.3% 102/175	
		Yes, most of the time	32.9% 4614/14024		36.6% 64/175		
		Yes, sometimes	26.8% 3760/14024	-	27.4% 48/175	-	
		No	11.6% 1624/14024	-	14.3% 25/175	-	
		1b	Out of office hours				
			Yes, always	7.8% 874/11207	23.5% 2637/11207	8.2% 11/134	26.1% 35/134
			Yes, most of the time	15.7% 1763/11207		17.9% 24/134	
	Yes, sometimes		27.9% 3129/11207	-	27.6% 37/134	-	
	No	48.6% 5441/11207	-	46.3% 62/134	-		

Dementia care training

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den
7.4 [2]	2	What form did your dementia training at this hospital take? <i>Please tick all that apply:</i>	
		42.8% 5653/13205	89.5% 153/171
		53.2% 7030/13205	25.7% 44/171
		5.4% 713/13205	2.9% 5/171
		7.7% 1018/13205	4.7% 8/171
		7.3% 961/13205	2.3% 4/171
		17.3% 2278/13205	4.1% 7/171
	2a	Following your training at this hospital, do you feel better prepared to provide care/ support to people with dementia?	
		42.2% 4502/10670	30.6% 49/160
		50.5% 5390/10670	58.1% 93/160
	7.3% 778/10670	11.3% 18/160	

Information and communication

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	National audit Round 3: % (Yes, always and Yes, most of the time responses combined)	Your hospital Round 3: % Num/Den	Your hospital Round 3: % (Yes, always and Yes, most of the time responses combined)	
9.3 [1]	3	In your current role, do you think that personal information is available to you to help you care for/ support people with dementia? <i>E.g. their likes/ dislikes, preferred name, past job.</i>				
		Yes, always	21.4% 3072/14345	59.9% 8597/14345	19.6% 35/179	63.7% 114/179
		Yes, most of the time	38.5% 5525/14345		44.1% 79/179	
		Yes, sometimes	33% 4734/14345	-	29.6% 53/179	-
		No	7.1% 1014/14345	-	6.7% 12/179	-
	3a	Do you have the opportunity to use this information to help you care for/ support people with dementia?				
		Yes, always	26.6% 3549/13329	67.5% 9003/13329	22.2% 37/167	66.5% 111/167
		Yes, most of the time	40.9% 5454/13329		44.3% 74/167	
		Yes, sometimes	30.6% 4074/13329	-	32.3% 54/167	-
		No	1.9% 252/13329	-	1.2% 2/167	-
7.4 [2]	4	In your current role, do you feel encouraged to accommodate the individual needs and preferences of people with dementia? <i>E.g. taking time to speak and interact at the pace of the person with dementia, permitting them to walk around the ward.</i>				
		Yes, always	28.9% 4145/14333	62.1% 8904/14333	25.7% 46/179	58.1% 104/179
		Yes, most of the time	33.2% 4759/14333		32.4% 58/179	
		Yes, sometimes	27.3% 3913/14333	-	33% 59/179	-
	No	10.6% 1516/14333	-	8.9% 16/179	-	

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	
7.12 [1]	6	As a team, how often do you talk about the way you care for/ support people with complex needs (including dementia)?		
		Frequently	49.8% 6203/12457	46.8% 73/156
		Occasionally	37.2% 4636/12457	40.4% 63/156
		Almost Never	9.7% 1210/12457	12.2% 19/156
		Never	3.3% 408/12457	0.6% 1/156

Patient care and nutrition

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	National audit Round 3: % (Yes, always and Yes, most of the time responses combined)	Your hospital Round 3: % Num/Den	Your hospital Round 3: % (Yes, always and Yes, most of the time responses combined)	
3.8 [1]	7	Can carers of people with dementia visit at any time on the ward(s) you work on? <i>i.e. visits are not limited to normal visiting hours and may include mealtimes.</i>				
		Yes, always	51.2% 6131/11978	78.5% 9402/11978	44.4% 63/142	79.6% 113/142
		Yes, most of the time	27.3% 3271/11978		35.2% 50/142	
		Yes, sometimes	16.1% 1927/11978	-	16.2% 23/142	-
		No	5.4% 649/11978	-	4.2% 6/142	-
7.18 [1]	8	Do you think that the people with dementia you care for/ support, have their nutritional needs met while on the ward(s) you work on?				
		Yes, always	25.9% 3181/12263	76.1% 9330/12263	37.9% 55/145	89% 129/145
		Yes, most of the time	50.1% 6149/12263		51% 74/145	
		Yes, sometimes	19.2% 2357/12263	-	6.9% 10/145	-
		No	4.7% 576/12263	-	4.1% 6/145	-

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	National audit Round 3: % (Yes, always and Yes, most of the time responses combined)	Your hospital Round 3: % Num/Den	Your hospital Round 3: % (Yes, always and Yes, most of the time responses combined)	
4.9 [2]	9	Do you think the ward(s) you work on is able to respond to the individual needs of people with dementia as they arise? <i>E.g. pain relief, personal care, toileting, mobility assistance.</i>				
		Yes, always	30.4% 2785/9148	78% 7137/9148	30.2% 26/86	82.6% 71/86
		Yes, most of the time	47.6% 4352/9148		52.3% 45/86	
		Yes, sometimes	18.7% 1708/9148	-	15.1% 13/86	-
		No	3.3% 303/9148	-	2.3% 2/86	-
	10	Is additional staffing support provided if dependency needs on the ward(s) you work on increase?				
		Yes, always	10.7% 977/9143	38.2% 3493/9143	11.6% 10/86	45.3% 39/86
		Yes, most of the time	27.5% 2516/9143		33.7% 29/86	
		Yes, sometimes	42.5% 3887/9143	-	41.9% 36/86	-
		No	19.3% 1763/9143	-	12.8% 11/86	-
N3c [3]	11	Are night time bed moves for people with dementia avoided where possible on the ward(s) you work on? <i>By night time bed moves, we mean bed moves between the evening meal and breakfast the next morning.</i>				
		Yes, always	16.3% 1474/9047	48.8% 4416/9047	16.5% 14/85	61.2% 52/85
		Yes, most of the time	32.5% 2942/9047		44.7% 38/85	
		Yes, sometimes	27.7% 2506/9047	-	27.1% 23/85	-
		No	23.5% 2125/9047	-	11.8% 10/85	-

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	National audit Round 3: % (Yes, always and Yes, most of the time responses combined)	Your hospital Round 3: % Num/Den	Your hospital Round 3: % (Yes, always and Yes, most of the time responses combined)	
3.7 [1]	12	In the last week (except in emergency situations), were patient mealtimes kept free of any clinical activity on the ward(s) you work on?				
		Yes, always	28.3% 2488/8788	67.6% 5944/8788	27.7% 23/83	75.9% 63/83
		Yes, most of the time	39.3% 3456/8788		48.2% 40/83	
		Yes, sometimes	16.8% 1476/8788	-	10.8% 9/83	-
		No	15.6% 1368/8788	-	13.3% 11/83	-
N3b [2]	13	Can you access finger food (i.e. food which can be eaten without a knife/ fork/ spoon) for people with dementia as an alternative to main meals?				
		Yes, always	38% 3356/8822	65.2% 5754/8822	37.3% 31/83	75.9% 63/83
		Yes, most of the time	27.2% 2398/8822		38.6% 32/83	
		Yes, sometimes	22.5% 1983/8822	-	18.1% 15/83	-
		No	12.3% 1085/8822	-	6% 5/83	-
3.11 [2]	14	Can you access snacks for people with dementia in between meals?				
		Yes, always	44.5% 4060/9119	73.2% 6675/9119	49.4% 42/85	84.7% 72/85
		Yes, most of the time	28.7% 2615/9119		35.3% 30/85	
		Yes, sometimes	20.7% 1886/9119	-	14.1% 12/85	-
		No	6.1% 558/9119	-	1.2% 1/85	-
N3a [2]	15	Are the nutrition and hydration needs of people with dementia communicated at handovers/ safety briefings?				
		Yes, always	46.2% 4199/9090	79.6% 7238/9090	54.1% 46/85	89.4% 76/85
		Yes, most of the time	33.4% 3039/9090		35.3% 30/85	
		Yes, sometimes	15.5% 1408/9090	-	7.1% 6/85	-
		No	4.9% 444/9090	-	3.5% 3/85	-

Appendix H: Staff suggestions for your hospital

The staff questionnaire included a question asking staff to make one suggestion on how their hospital could improve care and support provided to people with dementia. Below, all suggestions from staff at Harrogate District Hospital are provided.

Registered Nurses (Band 5 or 6)
Access to the garden would be great.
Allocate more staff, [one to one] training.
Better availability of staff to provide one to one observation on dementia patients that are at risk of falling/harming themselves or others.
By providing more staff to care for the patients.
By providing more staff.
Change visiting times so that mealtimes are more peaceful and [there are] not as many people around so patients with dementia are not distracted. More support with those patients with challenging behaviour.
Different coloured plates and cutlery to enable them to see it. Permanent activity coordinators. Better day room facilities.
Ensure the relevant personal care plan and special needs are communicated to any other department the patient needs to attend.
Extra staff who will be able to give more attention to people with dementia.
Focused training for staff who are based in operating theatres only.
Handover sheets. Use butterfly scheme. [Open] visiting.
Have more staff or volunteers or family members - to assist at mealtimes. Also, an activities coordinator would be helpful.
Having a specific ward that caters for patients with dementia. This would be run by both general nurses alongside mental health nurses. This would provide more patient centred care in a more friendly environment. The ward could be locked to provide a safer environment for patients to walk around if needed.
Having more staff available.
I think the hospital should ensure that agency/ NHS Professionals staff that are sometimes used to 1:1 patients with dementia, have had the appropriate training to give the highest standard of care as this is so often not the case.
Improved education of all staff, particularly care support workers. Improved staffing levels!
It would be helpful to have further training in the practical day to day care of patients with dementia, and activity boxes for them to prevent boredom and stimulate them.
Keeping noise, bright light and disruption to a minimum at night.
Keeping the carer with the patient before and after procedure, but endoscopy has no space at present to [have] this for more than one patient at a time. Admission planning would help. This could be part of the new pre-procedure assessment nurse which is at present being trialled for colonoscopies. We always allow the carer/ relative to stay with the patient. Sometimes though, carers leave patients in our waiting room and we ring them to ask them to pick them up. Could we inform relatives/ carers that for the patient's sake, it would be better if they stayed with the patient or nearby in case we need them i.e. a letter included in with their appointment.
More education for staff. Introducing more pictures in communication e.g. pictures of meals instead of ordinary menu.

Registered Nurses (Band 5 or 6)

More personalised information could be provided to the theatre staff and I think it would be helpful if a member of the ward who knows the patient, could come up to theatre with them and handover information about the patient (preferred name, likes, dislikes etc.) face to face.

More staff in the department to care for individual needs and more space in the clinic to help maintain theirs and all other patients' privacy and dignity.

More staff to allow time for interaction. Communication activities.

More support staff and more training in how to deal and meet the patients' needs

More training from say charities that deal with dementia.

More training on how to communicate effectively with dementia patients.

More volunteers - spend time doing.

More volunteers coming and chatting [to the patients with dementia].

More volunteers to keep patients safe and relieve anxieties.

My current workplace is the intensive therapy unit and I personally have always felt well supported when we have had a patient suffering with any form of dementia by both specialist nurses and site coordinators (out of hours). I did help out by working a shift on one of the elderly wards and looked after a bay of patients who were mainly suffering with dementia ([name of bay]). I had an agency HCA working with me, who I felt was not very empathetic or compassionate to these patients i.e. she didn't seem to know how to communicate with them and just spent most of the time walking them back to their bed instead of trying to speak to them and orientate them to time and place. I am not criticising her in any way but I wonder if these agency nurses receive any training on dementia and is there a way we can ensure that they are trained and these patients get the best possible care.

Offer training and improve staff levels whenever needed. Staff need more training on dementia to understand and manage the patients properly.

Provide a dementia friendly environment i.e. an environment specific to their needs - have activities to engage in and have regular trainings, or even, ward discussions about dementia as regularly as possible.

Provide proper face-to-face training, not eLearning, about how dementia affects people and their behaviour, and how to respond to them better. The training would be better if people with dementia were also involved.

Providing extra staff members.

Staffing poor, unable to spend the extra time needed with dementia patients to provide best care, and very difficult to find staffing for specials (one to one care for high risk patients). Ward not an appropriate layout for confused patients (not within close proximity of nurses station). Training day did not address many things staff wanted to learn about - for example, breakaway training. Study day was also discontinued and now eLearning is only available training to ward staff.

To improve the staff ratios on the ward so that we can spend more time interacting with our patients to help meet their individual needs.

To provide additional staff to observe wanderers which will help staff to spend more time with dementia patients.

Volunteers to visit patients, sit with patients, recreational activities.

We need a dedicated team of additional staff within the trust that can be used flexibly to support these patients in busy clinical areas.

Registered Nurses (Band 7 or above)

At times, it is difficult to care of patients with dementia in an appropriate setting due to the layout of the ward. Also, it is difficult at times to protect other patients who have had an operation and need privacy and a quiet time to recover.

By ensuring all members of staff have the time to complete the mandatory training with regard to dementia care.

By ensuring they are not moved from ward to ward and never during the night.

Continued awareness/ education. Increase the input into improving the environmental aspects to make us dementia friendly.

Encourage carers to care for their relative whilst in hospital.

I feel that the support for patients with acute delirium on top of a background of dementia, requires more training for staff who are in the situation of caring for these patients. There is a lovely delirium protocol that involves nursing the patient away from noise and disturbance, ensuring they can see a clock, have the same staff as much as possible, however, the ability of nursing staff to ensure these are completed is limited by logistics and equipment and staffing. It almost feels like a tick box exercise, that the policy is in place, there is no assistance in achieving this at the ward level.

Invest in some technology that the staff can use to keep patients occupied. There are many interactive devices on the market to enable patients to listen to music from the past or watch old films/ television programmes.

More hospital resources for people with dementia to use. More staff to help look after patients.

The link nurse could become a full-time role instead of a Band 6 who has ward responsibilities.

When a patient with dementia requires one to one assistance, a person [should] always [be] provided which unfortunately does not always happen.

Healthcare Assistants

GPs and doctors putting the fact the patient actually has dementia on the referral and the staff on the wards/ porters utilising the butterfly scheme on the porters slips.

Have workshop training and role play. This would allow people to be (to a degree) in the shoes of a dementia patient. I feel that with the eLearning and workbook, staff want to complete them as quickly as possible and don't really get to relate to someone with dementia. I've seen nurses and care support workers argue with dementia patients, which always makes the situation worse.

Having more staff on a 1:1 basis as some patients need this extra care and the ward doesn't always provide it. Sometimes we have several patients at one time with dementia/ needing 1:1 care.

I [did a] two-week course in the hospital during [which I got] a lot of information about dementia. I [also did an] eLearning course with exam [about] dementia.

I feel as a ward we use information provided to treat dementia patients with dignity and respect, with a holistic approach. However, I feel that the bed changes can affect a lot and not always able to avoid.

I wish we could have extra staff or an activities person who comes to the hospital ward to do exercise with our patients with dementia, rather than keeping them in rooms. Provide more stuff for dementia people so that they can interact with others e.g. cards.

If a number of patients are identified on a ward as suffering from dementia - extra support should be put in place to allow things to be taken at the [person with dementia's] pace.

More facilities.

More input from specialist nurses/ staff.

Healthcare Assistants

Ongoing training/ link nurses. Short but regular bursts of information/ training. Both face to face and eLearning.

Open visiting for family and friends so patients with dementia have familiar faces around them.

Sometimes struggle with time to give the attention they need.

Sometimes they need 1:1 and we don't always have the staff to do it.

Staffing levels. We understand staffing levels a poor at the moment, but sometimes staff are taken from our ward as another ward is seen [to have] 'a greater need' even though it is argued that we will be leaving patients that require it without one to one care.

Talk to staff more care support workers and staff nurses.

There is 1:1 care for people on deprivation of liberty safeguards, or aggressive patients with dementia. It is much better than in the past, when we did not have 1:1 and we had to run after dementia patients as they tried to leave the ward, keep our patients safe from our aggressive dementia patients, as well as to do everything else.

To provide more trainings and information for member of staff in caring for patients with dementia with complex needs. Although we have eLearning available [to us], we also need intensive training for us to be able to fully understand the needs of our patient as well as our personal needs.

Understanding more training of how to cope with individuals who have dementia.

When having agency staff to help care for the patients with dementia, to have staff that interact with the patients instead of sitting staring at them.

Doctors

Adequate levels of nursing staff on ward to cope with the additional care and needs patients with dementia have.

Ensure patient information e.g. likes and dislikes is in medical notes, as well as nursing notes, to better improve patient care - juniors do check nursing notes but consultants don't always on busy ward rounds.

Ensure sufficient abilities to maintain inherent patient passport with likes and dislikes.

Expansion of care of the elderly role from orthopaedics to include general surgery.

If we could have access to specialist serviced for dementia during the weekend, I think that would be more helpful (e.g. 9-5).

More staff and to be able to free up time to sit with patients with dementia and allow them to vent frustrations. Very long eLearning module on dementia but had just come from sitting finals at university so failed to add anything meaningful.

More staff would be useful, to reduce the number of patients per clinician (nurse or doctor), so there is more time to spend with each patient. Alternatively, more care support workers per patient for the same reason.

More staff.

Need more staff, more time.

Quicker discharge back to their original surroundings, keep the number of times that they move room to a minimum.

We need more time to deal with these patients. As doctors, we always seem to be rushed.

Allied Healthcare Professionals

A greater understanding of how dementia impacts the person and their family in the community, and therefore supporting them in this for discharge.

Appropriate coloured areas e.g. bathrooms blue (not red), some staff who are employed just for activities and to engage with patients. Telly interactive screens that have programmes to stimulate memories, music, that can be personalised.

Depending on the severity of dementia, families and carers should be more involved in the care of people with dementia and work alongside healthcare professional. A more detailed social history to accommodate patients' needs. Develop a better community service to avoid hospital admission causing increased stress levels and deterioration.

Ensuring that "all about me" forms are completed for each patient with dementia and that nutritional needs of these patients are met through encouragement of ward staff and alternative menus such as a finger food menu.

Have prominent posters on each bay of helpful hints/ reminders of how to manage common issues. Provide patients with suitable sensory or other activities to keep them occupied.

I think the doctors/ nurses are well supported by dementia teams, but as a pharmacist, I am not clear how to access this support. Some wards are better than others on giving personal information via handover sheets. For pharmacists, it would be good if this information was also available on the prescription charts. Due to other commitments, there is not always the time to engage and accommodate patients as they would prefer.

If notes or request card had a butterfly on it we could make the appropriate preparations.

Increase volunteers to come on to wards for companionship and support for people with dementia. Increase staffing levels. Sometimes not enough staff to support and spend more time with dementia sufferers and families/ carers also not available.

Increased awareness as to who the specialist dementia team consist of and more practical based learning scenario's as it is difficult gaining insight into what works/ what doesn't work from eLearning. From an allied healthcare professional perspective, it would be useful to gain further teaching/ education regarding how we can improve our services considering the high level of patients we treat with dementia. Unsure of specialist dementia nurse or dementia champion in the hospital.

Let the patients sit together to talk, listen to music or eat together. Stimulate them with by-gone memorabilia.

More nutritional assistants for mealtimes.

More staffing. Better individualised care.

More time for clinical staff to spend on an individual basis with patients.

Patients attending for tests such as x-ray to be accompanied by a staff member who has some knowledge of their dementia issues, likes/ dislikes, to make the experience easier for the patient. This sometimes but not always happens.

Perhaps have training which involves the carers/ nurses etc. that work in the care homes for people with dementia, coming to speak to share their experiences of what they find works best or any suggestions from working with patients with dementia on a daily basis.

Provide very clear written/ pictorial instructions to this client regarding care, to aid communication.

Provision of some 'quiet' waiting areas in departments - where seating is limited but spacious. To be used by any special needs including dementia.

Social place for patients with dementia to interact with one another.

The butterfly symbol, can help but doesn't actually provide sufficient information as to the needs of the individual. Everyone is different and I assess them as such.

Allied Healthcare Professionals

The one thing which would help these patients would be a higher level of staffing so that the patient's individual needs can be assessed and met. Staffing is the biggest barrier on inpatient wards to good care of all patients - not just those with dementia.

To be patient centred, rather than focussed on ward and bed pressures. The hospital seems very good at 'championing dementia' for outsiders looking in, but in real terms very little championing happens, which is a shame and difficult to understand when in reality, it is simply giving good care, being compassionate and using common sense. I went on a one day dementia training day and found it upsetting and concerning that it was classed as training - everyone one who classes themselves in a caring/ health role should have those skills and knowledge as second nature without having to be 'trained'.

Training for all staff from porters, to domestics, to consultants.

Students

No comments from students for your hospital.

Therapy Assistants & Allied Healthcare Professional Assistants

No comments from therapy assistants and allied healthcare professional assistants for your hospital.

Ward-based Administrators

At times, the wards are so busy and if you don't have staff deliver one to one care to patients with dementia, they become frustrated and don't settle easily. We need to be more prepare to ensure we can deliver the service that is required to these patients so that other patients don't feel neglected due to spending a large portion of our time trying to settle these patients.

Ideally a proper ward to deal with dementia patients would be brilliant. Failing that, enough medical staff to give the time to be more hands on, enabling staff to sit and interact with the patients. Very difficult if the patient won't sit still at their bed side. Maybe activities to do to occupy their mind. I'm only a ward clerk on the ward but can see that the patients just want someone to interact with them. I realise every patient is different but the more reasonable patients are just happy to sit with me and chat. It's about time spent with someone.

Information booklet/ sheet for relatives to have when the patient has been newly diagnosed with dementia.

More activities directed specifically for the patient with dementia. Resources needed for wards to obtain dementia friendly activities (and training for use) to occupy them.

More activity volunteers.

On-call mental health team based in the hospital not someone from Cedar ward and isn't just the intensive home treatment team, a fully qualified psychiatrist.

We can always do with more staff especially with the majority of our patients having dementia, they wander and are high risk of falls.

Other / Unknown

Some specialised staff that can work with them, taking them back in time to their era.

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